



ODS Alaska
 601 W. 5th Ave.
 Suite 305
 Anchorage, AK 99501



Date: _____
 Dental only Medical only Both

ODS Alaska Proposal Request Form (2-50 groups)

Please completely fill out the quote request cover and submit with ODS Alaska health statements for fully underwritten rates.

Group Name: _____

Speed E Rate #: _____

Agent Name: _____

Agent Phone: _____ Agent Fax: _____

Current medical insurance carrier: _____

Current dental insurance carrier: _____

Current Medical Benefit Structure

Deductible	
Office co-pay	
Co-insurance	
Out-of-Pocket	
Rx Plan	

Current Dental Benefit Structure

Deductible	
Preventive co-insurance	
Basic co-insurance	
Major co-insurance	
Annual maximum	

Current Medical Rates	EE	ES	ESC	EC
<i>Include Rx and all medical plan riders</i>				

Current Dental Rates	EE	ES	ESC	EC

Medical Renewal Rates	EE	ES	ESC	EC

Dental Renewal Rates	EE	ES	ESC	EC

If you are unable to provide us with any of the above information please explain why:

